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ABSTRACT

This resource guide is a collection of stories, articles, and worksheets on issues surrounding HIV/AIDS. It is intended to be informative and useful for adult language, literacy, and numeracy students. An HIV/AIDS introduction for teacher is followed by a section on further resources, which lists organizations which may provide guest speakers, support, and further information. It also lists several training packages and videotapes students may find useful, particularly if they are young adults. An HIV/AIDS introduction for students is designed to allay some concerns about this topic that students may have. A student questionnaire follows. It is identical to one that is found at the end of the materials so that changes in students' ideas and understanding of HIV/AIDS issues can be determined. An answer key is provided. Notes for teachers preceding the nine sections of worksheets provide language, literacy, and numeracy objectives as well as suggestions for extension activities. Section titles are as follows: (1) HIV/AIDS True Stories; (2) HIV/AIDS--What are the letters for? What do the words mean?; (3) HIV/AIDS--How do you get it? Fact or myth?; (4) HIV/AIDS--Australian statistics; (5) HIV/AIDS--world statistics; (6) HIV/AIDS--different opinions; (7) HIV/AIDS--community awareness; (8) HIV/AIDS newspaper coverage; and (9) HIV/AIDS--terms to avoid using. (YLB)

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THINKING



Language, literacy
and numeracy resources
on HIV/AIDS for teachers
of adult education

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POSITIVE THINKING



Language, literacy
and numeracy resources
on HIV/AIDS for teachers
of adult education



Foundation Studies Training Division
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Positive Thinking

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HIV/AIDS: Introduction for teachers

Positive Thinking is a collection of stories, articles and worksheets on issues surrounding HIV/AIDS. It is intended to be informative and useful for adult language, literacy and numeracy students. Some of these learning materials are original, others have been adapted for adults from the many excellent learning resources on HIV/AIDS which have already been produced.

Many teachers, on hearing about the development of these materials, expressed concern about the appropriateness of discussing HIV/AIDS issues in classrooms with male and female students from diverse backgrounds. HIV/AIDS affects people of all ages, cultures, languages and nationalities and despite the sensitive nature of the subject, one of the most effective ways of raising awareness and reducing the risk of transmission is through education programs such as this. Many of our students may never have had linguistically accessible information on HIV/AIDS nor an opportunity to discuss the issues.

We have attempted to address the issues in a sensitive, non-confronting way with room for you to adjust the materials to the specific demands of your group. Assure students that none of the materials will ask personal questions. Explain that the aim of these materials is to give students important information while at the same time developing their language, literacy and numeracy skills.

These materials were reviewed by the AIDS Council of NSW, Reading and Writing for Adults (RAWFA) groups, Certificate in Adult Foundation Education (CAFE) groups and English for Speakers of Other Languages (ESOL) groups throughout NSW. You may find it reassuring to read some of the feedback we received:

- *Students not only get to improve their language, literacy and numeracy but they also get to discuss many of the complex issues AIDS raises. (AIDS Council of NSW)*
- *I think the materials will be very useful to teachers. The topic of AIDS often comes up and it would be good to have formal materials on this. (ESOL teacher)*
- *The articles were very good. We used 'Miracle for AIDS Couple' as it was easy to relate to. (RAWFA teacher)*
- *Students seemed reasonably at ease, although some initially expressed discomfort at the expected negative nature of the material. (ESOL teacher)*
- *These materials were introduced as part of the general topic of health (which the class had been studying for two weeks before we received these materials). As this class is accustomed to Sydney Morning Herald and other newspaper articles as an introduction to new topics and as a basis for language study, it was natural to introduce this new health issue with the magazine article 'Miracle for AIDS Couple'. We read it together (with me reading aloud) as I felt it was a sensitive issue. Students responded very well. No one appeared at all embarrassed and they were grateful to be properly informed on the issue. One female student (aged 38) said she would give it to her 16 year old son to read that very night. (ESOL teacher)*

- *These materials were trialled on three classes. I was very pleased with them and the classes' interest in the topic. (RAWFA teacher)*
- *Students responded enthusiastically ... obviously a subject they wanted information about. (CAFE teacher)*
- *Students appeared genuinely interested, willing to participate, keen to complete tasks and discuss issues. (RAWFA teacher)*
- *The 'Miracle for AIDS Couple' was very well received. This gave rise to a lively discussion about the couple's decision to have a baby. A most interesting worksheet providing opportunities for discussion of a wide range of moral/ethical/social/economic issues, attitude formation and new vocabulary. (ESOL teacher)*
- *Students managed the activities easily. They didn't work independently but as a group with teacher direction when necessary. (RAWFA teacher)*
- *All students felt it was important to know about HIV/AIDS and only one student felt uncomfortable about working on learning materials in the class group. (ESOL teacher)*
- *The 'HIV/AIDS Different Opinions' sheet was excellent. The issue that aroused the most controversy was health care ... this brought up the question of prejudice and discrimination between people who conformed to certain behaviour patterns and those who did not conform to such 'acceptable' patterns. (ESOL teacher)*
- *We used the 'HIV/AIDS Australian Statistics' worksheets which we all found extremely interesting and worthwhile. (RAWFA teacher)*
- *'Fact or Myth' material was good. I feel students learned a lot. (ESOL teacher)*
- *The units 'HIV/AIDS Australian and World Statistics' covered HIV/AIDS very well. There were more than enough activities to choose from, integrating literacy and numeracy very adequately. I felt that each activity was useful, but I picked what I considered to be the most useful for my group. (CAFE teacher)*

Students also sent in lots of positive feedback, most indicating that they felt comfortable about working on HIV/AIDS issues in the classroom and found the activities useful and interesting. Students' comments have been included in the **Introduction for students** on pages 7-8.

As effective adult learning is based on students' needs and interests we recommend that you discuss this program with your students before you begin. Ask your students whether they've come across HIV/AIDS issues in the media, whether they understood them, whether they thought they were important and how they'd feel about working through some learning materials on the subject. There is an **Introduction for students** to help allay some of the concerns your students may have.

Provide students with a hotline number they can ring for answers to any explicit questions they may have which you feel you cannot deal with in the classroom.

Hotline Numbers:

- Sydney (02) 9332 4000
- NSW country 1800 451 600
- Outside NSW 1800 011 144
- TTY (02) 9332 4268

The AIDS Council of NSW (02) 9206 2000 or toll free 1800 063 060 also provides information, referral and support services.

These learning materials include two student questionnaires, **Before you start** and **After you have finished**. These questionnaires are identical so that when students have completed the learning materials they will be able to see if their ideas and understanding of HIV/AIDS issues have changed.

The **Notes for teachers** preceeding the worksheets provide language, literacy and numeracy objectives as well as suggestions for extension activities that you may like to follow up with your group. All the information for teachers is printed on coloured paper.

These learning materials begin with **True stories**, a collection of authentic stories about people affected by HIV/AIDS. You may find that choosing one of these stories to read is an excellent way of introducing the learning materials to your students. As questions about the stories arise naturally you will then be able to introduce relevant worksheets in context.

Another suggestion for introducing these materials to your group is to brainstorm a list of statements headed 'Everything we think we know about HIV/AIDS'. It may be better to record these statements on a large piece of butcher's paper rather than the board so that you can refer to them in subsequent lessons. Students may come up with statements such as:

- *Many people have died from AIDS* – which could lead on to the statistics worksheets, or
- *Drug addicts get AIDS* – which could lead on to the fact or myth worksheets.

Whatever students come up with should lead on to some of the issues covered in these materials. You could repeat the brainstorming exercise after students have finished working on the materials to see how much more they've learned and which of their initial statements were myths.

These learning materials are not sequential. However, if your students are unfamiliar with what HIV/AIDS means and how it is spread, you will need to work through the relevant materials before you move on to discuss wider issues.

We have included a section on **Further resources** (pages 5–6) which lists organisations which may provide guest speakers, support and further information. We have also listed several training packages and videos your students may find useful, particularly if they are young adults.

We hope you and your students find these learning materials challenging and that they provide a range of language, literacy and numeracy activities as well as the opportunity for plenty of positive thinking on HIV/AIDS issues.

Dilys Norrish and Annabel Palfreeman

HIV/AIDS Further resources

Below is a list of contacts and resources you can refer to if your class wants more information about HIV/AIDS. There is a very wide range of material available, much of it produced for specific groups and regularly updated. The list is by no means comprehensive, but it will give you a good starting point.

New South Wales contacts

If you want a guest speaker or education officer to talk to your group about HIV/AIDS, contact the **Family Planning Association** or your **Area Health Service** (NSW Health Department).

The Multicultural HIV/AIDS Education and Support Service provides education, support and information in 17 languages. Phone: (02) 9516 3098

National contacts

AIDS councils

The AIDS council in your state or territory provides information (including pamphlets), education and support for people living with HIV/AIDS.

AIDS Council of NSW (ACON)

Phone: (02) 9206 2000. Toll free: 1800 063 060

AIDS Council of South Australia (ASCA)

Phone: (08) 362 1611. Toll free: 1800 888 559

Northern Territory AIDS Council (NTAC)

Phone: (089) 41 1711

Queensland AIDS Council (QuAC)

Phone: (07) 3844 1990. Toll free: 1800 177 434

Tasmanian AIDS Council (TAC)

Phone: (002) 24 1034

Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC)

Phone: (03) 9865 6700. TTY 9827 3733. Toll free: 1800 134 840

Training packages and videos

The following resources are available through the TAFE NSW library network:

Safe not Sorry: STDs and AIDS by Margaret Scott

NSW TAFE Commission, 1991. This is a training package developed by the Personal and Community Services Training Division for students in TAFE NSW. For more information about having the program delivered, contact: Personal and Community Services Training Division. Phone: (02) 9217 4351

Safe not Sorry: cultural applications

NSW TAFE Commission in conjunction with Multicultural HIV/AIDS Education and Support Project, 1994. This resource provides teachers with basic knowledge of cultural issues which may assist when implementing *Safe not Sorry* or when using other material about HIV/AIDS. It covers 12 different language/culture groups.

"Young & New to Australia": An STD HIV/AIDS package

Multicultural HIV/AIDS Education and Support Service, 1995 (See contact details on p. 5.) This package has been developed for young people from non-English speaking backgrounds. It aims to increase students' knowledge about HIV/AIDS and other sexually transmissible diseases.

Mates: HIV/AIDS related discrimination

NSW Department of School Education, 1994. This package contains a video and teaching materials. *Mates* is a powerful story of HIV/AIDS related discrimination in a school setting. The materials were developed for secondary school students but could be suitable for young students in adult education programs.

Out in the Open: HIV/AIDS and STD resource set for secondary schools

National AIDS Campaign, Commonwealth Department of Human Services and Health, 1995. This resource set consists of a video, activities and background information sheets. It is aimed at secondary school students, but could be suitable for young students in adult education programs. The video contains two scenarios that form the basis of the activities. The scenarios focus on sexual decision making for young people and HIV/AIDS related discrimination.

***Suzi's Story* (video)**

Written and produced by Iain Gillespie, 1987. This is the story of Suzi Lovegrove and her relationship with her family and friends as she is dying of AIDS related illnesses.

***The Australian AIDS Tape* (video)**

Health, Media & Education Centre, NSW Department of Health, 1987. This video uses a current affairs style approach with animation and graphics to present information about AIDS. It is available in several different languages.

***Spread the Word and You, Me and HIV* (videos)**

Available from the Aboriginal Medical Service. Phone: (02) 9319 5823

HIV/AIDS Introduction for students

What are these learning materials about?

Your group is about to start working on some learning materials about HIV/AIDS. You will be looking at questions like: What is HIV/AIDS? How do you get it? How many people have it? How do you prevent it? and lots of other things. This collection of learning materials is called *Positive Thinking*.

What is the aim of these materials?

The aim of these materials is to share important information about HIV/AIDS and at the same time help you to improve your language, literacy and numeracy skills.

Why do we need to know about HIV/AIDS?

Information about HIV/AIDS is extremely important to all our lives. HIV/AIDS affects people of all ages, cultures, languages and nationalities. Everyone needs to know about it and to keep up to date with what is happening.

What if I feel embarrassed?

If you feel worried about working on HIV/AIDS in your class, please remember that none of the materials will ask personal questions. They are not intended to make you feel embarrassed.

If you have any questions about HIV/AIDS which you don't want to ask in class, you can ring an **HIV/AIDS hotline number**:

- Sydney (02) 9332 4000
- NSW country 1800 451 600
- Outside NSW 1800 011 144
- TTY (02) 9332 4268

What do other students say about these materials?

Here are some comments made by other students who have used these materials. You might find it reassuring to read what they say. After each comment there is a bracket (...) which tells you whether the person who made the comment is male or female, from an English speaking background (ESB) or a non English speaking background (NESB) and what age group they are in.

- *I thought the work was just right because I had to read, to think and to find answers.*
(Female, NESB, over 50)

- *It was very interesting and can't be stressed enough. Let's face it, it is reality. (Female, ESB, 30-50 age group)*
- *This is life so we have to learn everything. (Male, NESB, under 30)*
- *I think it was comfortable for me because it's something I hear every day. (Female, NESB, over 50)*
- *I learned things about this virus that I did not know. It covers all angles of this virus. (Male, ESB, under 30)*
- *It is important because I need to know how to protect myself. (Female, NESB, over 50)*
- *Everything was interesting and clear. It is vital material. (Male, NESB, over 50)*
- *After I did this work I felt happy because I knew more about the disease. (Female, NESB, under 30)*
- *It was easy to understand and the stories are interesting and attractive. (Female, NESB, over 50)*
- *I thought everyone should learn about it so I am quite comfortable discussing it. (Female, NESB, 30-50 age group)*
- *It explores issues, feelings and myths. Even though it explores issues that can be embarrassing (sex, drugs etc) the class was able to discuss it in a frank and clear manner. (Male, NESB, 30-50 age group)*
- *I am clear about some doubts that I was suspicious of. (Female, NESB, 30-50 age group)*
- *I think that these are general materials. Everyone should know certain things about HIV/AIDS. The materials are easy to understand and also from real life. That makes you feel what they said can happen to you. I think everyone should know about HIV/AIDS and you can do these things positively. (Male, NESB, 30-50 age group)*
- *It explained a lot of information that I could understand. It is interesting to know these things because I did not know about it before. It saves lives and is important to know how to stop AIDS. (Male, ESB, under 30)*
- *I thought the work was interesting because I found out more about AIDS and how everyone thinks and reacts to the virus. I found out that it could happen to me or a person I care about. I think that this kind of education should be kept going and everyone should be educated about it. Now that I know all this information I am going to be so careful. (Female, ESB, under 30)*

Notes for teachers

HIV/AIDS Before you start/ After you have finished

Before you start (pages 11–12) and **After you have finished** (pages 83–84) are two identical questionnaires for students to fill in before and after working on the HIV/AIDS materials. After completing the materials, students will be able to look back at their responses to the initial questionnaire and see to what extent their ideas and understanding of HIV/AIDS issues have changed.

These questionnaires are not intended to be corrected. The following comments have been made for your own clarification.

1. The letters in AIDS are short for *Acquired Immune Deficiency Syndrome*

2. You can get the HIV virus from:

YES NO

sharing cups

☐ ☒

sharing needles

☒ ☐

• *If the needle has been contaminated, HIV can enter the bloodstream.*

hugging and kissing

☐ ☒

insect bites

☐ ☒

unprotected sex

☒ ☐

• *HIV can be transmitted through semen, blood or vaginal fluids.*

blood transfusions

☐ ☒

• *Blood transfusions in Australia have been safe since 1985.*

3. AIDS is caused by the HIV virus

☒ ☐

If you had the HIV virus you would definitely know about it.

☐ ☒

• *Symptoms may not appear for years. The only way to find out is through a blood test.*

People who have the HIV virus always look sick.

☐ ☒

• *Symptoms may not appear for years and may not be visible when they do.*

You can protect yourself from the HIV virus.

☒ ☐

• *Practise safe sex. Don't share needles.*

HIV/AIDS Before you start

Here are some questions for you to think about before you start working on HIV/AIDS issues. If you don't know the answers to the questions, don't worry, just leave them and answer the parts you know. This questionnaire will be your record only. It will be interesting for you to look back later on to see what you have learned and whether any of your ideas have changed.

Date: _____

1. The letters in AIDS are short for _____

Tick one box in each row

2. You can get the HIV virus from:

YES NO NOT SURE

sharing cups

☐ ☐ ☐

sharing needles

☐ ☐ ☐

hugging and kissing

☐ ☐ ☐

insect bites

☐ ☐ ☐

unprotected sex

☐ ☐ ☐

blood transfusions

☐ ☐ ☐

3. AIDS is caused by the HIV virus.

☐ ☐ ☐

If you had the HIV virus you would definitely know about it.

☐ ☐ ☐

People who have the HIV virus always look sick.

☐ ☐ ☐

You can protect yourself from the HIV virus.

☐ ☐ ☐

4. Do you think it is important to know about HIV/AIDS? Why?

5. How do you feel about working on HIV/AIDS learning materials with your group?

Notes for teachers

HIV/AIDS True stories

One way of introducing and providing a context for the many issues surrounding HIV/AIDS is through reading people's stories. The six stories included here are all true and tell of people who have caught the HIV virus in different ways and how they've coped.

Students could work on these stories one at a time, or pairs of students could read different stories and tell the rest of the class about them. Through reading and discussing these stories, questions will come up naturally. What is HIV? How do you get it? How many people have got it? What can we do about it? As questions arise, you will then be able to explore the issues in more detail by referring to the relevant worksheets.

An alternative to reading these particular stories is to ask students to bring along any current articles or stories they can find about people with HIV/AIDS.

Note: Students may find some of these texts easier to read if they are enlarged on a photocopier or an overhead projector.

Summaries of the six stories and relevant worksheets they may lead on to are included here.

Story 1 **Miracle for AIDS couple** (page 17)

This is the story of a couple, Geoff and Michelle, and how they react when they find out they are HIV positive. Geoff initially contracted the HIV virus from using a needle. They have a baby who is HIV negative. Geoff and Michelle work as AIDS activists talking to schools and community groups about safe sex and living with HIV.

There is also a follow up article giving news of Geoff and Michelle a few months later (page 18).

Relevant worksheets:

HIV/AIDS What are the letters short for? What do the words mean?

HIV/AIDS How do you get it? Fact or myth?

HIV/AIDS Different opinions

HIV/AIDS Community awareness

HIV/AIDS Newspaper coverage

Story 2 The female face of AIDS in Australia (page 19)

This is the story of a young woman, Melanie Fuad, who died of AIDS related illnesses. She contracted the HIV virus from a brief affair on an overseas trip. Melanie's mother set up a support group for mothers of adult children with HIV and her father looks after people with AIDS related illnesses who are too sick to look after themselves.

Relevant worksheets:

HIV/AIDS What are the letters short for? What do the words mean?

HIV/AIDS How do you get it? Fact or myth?

HIV/AIDS Different opinions

HIV/AIDS Community awareness

HIV/AIDS Newspaper coverage

Story 3 AIDS is killing all my family (page 20)

This is the story of Jan Lovett and her family's struggle against HIV/AIDS. Most of the men in Jan's family were haemophiliacs and contracted the HIV virus after injecting themselves with a blood clotting agent. Since then, eight members of Jan's family have died of AIDS related illnesses and another of her brothers is HIV positive.

Relevant worksheets:

HIV/AIDS What are the letters short for? What do the words mean?

HIV/AIDS How do you get it? Fact or myth?

HIV/AIDS Different opinions

HIV/AIDS Community awareness

HIV/AIDS Newspaper coverage

HIV/AIDS Terms to avoid using

Story 4 Positive thinking (1) (page 21)

This is the story of Jess, a married woman with three children. She discovered that her husband had been leading a double life only after he committed suicide. Jess subsequently tested HIV positive but found the inner strength to transform her life despite the circumstances.

Relevant worksheets:

HIV/AIDS What are the letters short for? What do the words mean?

HIV/AIDS How do you get it? Fact or myth?

HIV/AIDS Australian statistics

HIV/AIDS World statistics

HIV/AIDS Different opinions

HIV/AIDS Community awareness

HIV/AIDS Newspaper coverage

HIV/AIDS Terms to avoid using

Story 5 Positive thinking (2) (page 22)

This is the story of Frank and Gary who, after several years of living with HIV in the city, changed their lifestyle by moving to the mountains.

Relevant worksheets:

HIV/AIDS What are the letters short for? What do the words mean?

HIV/AIDS How do you get it? Fact or myth?

HIV/AIDS Australian statistics

HIV/AIDS Different opinions

HIV/AIDS Community awareness

HIV/AIDS Newspaper coverage

Story 6 A friend in need (page 23)

This is the story of two young men who are in and out of hospital with AIDS related illnesses, and the support they get from their carers during periods when they are unwell.

Relevant worksheets:

HIV/AIDS What are the letters short for? What do the words mean?

HIV/AIDS How do you get it? Fact or myth?

HIV/AIDS Australian statistics

HIV/AIDS Different opinions

HIV/AIDS Community awareness

HIV/AIDS Newspaper coverage

MIRACLE

for AIDS couple

Story 1

Michelle and Geoff met in 1991. She was studying nursing at Sydney's University of Technology and he worked in funds management at an ANZ bank.

Describing their attraction as "love at first sight", they started living together three months later. "Because our relationship was serious I thought I'd get an AIDS test as I had used a needle once," Geoff says.

"When the doctor told me I was HIV positive I felt shattered. All I could think was that I was going to die and that I'd also probably killed someone I love very much. I walked for about two and a half hours, bawling my eyes out. I was sure I'd lose Michelle."

But Michelle says leaving Geoff was never a consideration. "It's really bizarre but all I could think of was poor Geoff, even though I assumed I would be HIV positive too," she says.

"I simply said, 'We're in this together,' and never felt anger towards Geoff because I firmly believe everyone is responsible for themselves."

A month later, she tested positive.

Michelle quit her studies and Geoff left his job. Alienated from family and friends, they suffered alone.

"We chose to ignore it, hoping it would go away," explains Geoff.

It wasn't until they saw an HIV specialist two years later that Geoff renewed contact with his family, while Michelle resumed strained relations with her widowed mother.

In October 1993, the unthinkable happened - Michelle discovered she was pregnant. "It was like a bitter-sweet slap in the face," she recalls. Then we learnt that the risk of having an HIV positive baby was 20 per cent."

Deciding whether to continue with the pregnancy was the hardest choice the couple ever had to make. They agonised for a month to find the answer.

"It was a huge ethical and moral dilemma," Michelle says. "We went through hell but decided to continue."

At 10.06pm on May 9, 1994, their "little miracle" came into the world.

"I had tears running down my face," Geoff remembers.



Amazingly, tests show little Tian is free of the killer virus. She had a 20 per cent chance of being born HIV positive but the drug AZT reduced the odds to eight per cent and doctors are optimistic Tian will remain HIV negative for life.

Despite the fact they may die from any of more than 30 AIDS-related illnesses, Geoff and Michelle believe by thinking positively, they can be around for Tian as long as possible.

"The average life expectancy for HIV positive people is 15 to 20 years and it's going up all the time," Geoff says.

At the moment they are symptom free, but the de facto couple are realistic and say they have made plans for Tian to be brought up in a loving home when the inevitable finally happens.

The couple now work voluntarily as AIDS activists, talking to school and community groups about safe sex and what it's like to live with HIV. They take Tian with them so she will grow up knowing what AIDS is about.

"If we can save just one life, our work is worth it," Geoff says.

*Excerpts from an article by Nicole Silverman
The Australian Women's Weekly March 1995*

Story 1

MIRACLE for AIDS couple

(Follow up article)



COMMITMENT FOR LIFE

For brave young HIV-positive couple Geoff Humphreys and Michelle Aterini, whose story was in the March issue, 1995 was a big year. On October 14, the couple, who had lived together for four years, sealed their love by marrying at Kenloch in the Dandenong Ranges.

"It was the most wonderful moment of my life," says Michelle.

While Michelle and Geoff are currently well, they realise that they have a limited life expectancy after their HIV progresses to AIDS, and they have made plans for the future of their baby daughter, Tian, now 20 months, after their deaths.

Although there was a 20 per cent chance that Tian would be born with HIV, she appeared free

of the disease and doctors have now confirmed she is HIV negative.

Geoff contracted HIV after using a needle - the first time he had done so - and unknowingly infected Michelle who, instead of being devastated, told Geoff she would always support him because "we are in this together".

Michelle and Geoff continue to help produce and present *Positively Primed*, a radio show warning against the dangers of HIV and AIDS, broadcast on 83 stations across the country. They say this will be a commitment for as long as they live.

The Australian Women's Weekly January 1996

THE FEMALE FACE OF AIDS IN AUSTRALIA



Melanie (left) and her mother Julie. Photograph by Michele Mossop

Melanie Fuad appeared in the *Star Observer's* tributes to the dead, the lone woman among the men.

Melanie Fuad

25.12.66 - 28.1.93

Such a beautiful person!

Your loving family and friends

Barely a month past her 26th birthday, Melanie died of AIDS-related illnesses, with her parents and older sister alongside her, in Darlinghurst's Sacred Heart Hospice.

In her 21st year there had been an affair, a brief romance during a short overseas holiday.

The man who infected her with HIV never did reply to Melanie's letter asking if he had known he carried the virus, her mother, Mrs Julie Fuad, told the *Herald*.

"Nothing prepared me for her death," Mrs Fuad said. "I thought when we first heard, 'Oh, we've got at least six years'. And then we thought medical science would come up with something. We always had to have hope."

Mrs Fuad has set up a support group at Ankali House in Surry Hills for the mothers of adult children living with HIV and AIDS; her husband works for the Community Support Network attached to the AIDS Council of NSW, caring for people too sick to look after themselves.

"I just wish the community at large wasn't so ignorant and realised that nobody is safe from this disease, especially young people," Mrs Fuad said.

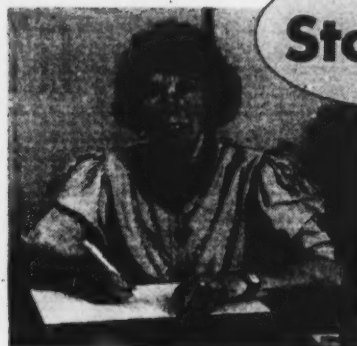
Alicia Larriera

Sydney Morning Herald 1/2/93 p. 10

AIDS

IS KILLING ALL MY FAMILY

Story 3



Jan Lovett. Photograph by Alex Zotos

HIV/AIDS True stories

Jan Lovett has watched AIDS ravage eight members of her family and the staggering toll - five brothers, two sisters-in-law and a nephew - could rise further. Another of her brothers has tested HIV positive but so far has not succumbed to the killer disease.

Jan a 56-year-old American who has been living in Australia since 1960, wonders how much more sorrow she can bear.

Jan was one of eleven children. Her seven brothers Tommy, Loras, Carl, Steven, Ernest, John and Dennis, and three sisters Clare, Judy and Mary, were her best friends. Now, only six siblings are still alive.

Most of the men in her family were haemophiliacs and became infected after injecting themselves with the blood clotting agent Factor 8. "My family was dying around me and there was absolutely nothing I could do," says Jan sadly. There was no history of haemophilia in the family.

Haemophiliacs once required complete blood transfusions in hospital but there was an enormous breakthrough when Factor 8 was developed from human plasma, allowing them to inject the clotting agent intravenously at home. It meant that they could live as close to a human normal life as the genetic disorder would allow. "But the greatest breakthrough for the treatment of haemophiliacs turned out to be a killer," Jan says. "The Factor 8 was contaminated with the AIDS virus."

Proper screening procedures were introduced far too late for families like Jan's. The shadow of death first descended on the family in 1971 when Tommy died of a brain haemorrhage at just 13 years of age. The family believes it was AIDS-related. Then in 1984 doctors began to give the family the news that would be such a devastating death sentence.

Ernest, another brother, had tested positive to the AIDS virus. Two years later he was dead. Then, at just five months of age, Jan's nephew Clayton died.

In 1988 Jan's brother Carl, who never married, was dead. A year later, Jan's sister-in-law, also called Jan, died. Her husband Loras is HIV positive. Finally, in August 1991, the fifth brother John died.

"Loras has known he was HIV-positive since 1984," Jan says. "The saddest thing is he passed the virus on to his wife Jan, and you can imagine how devastated that made him feel. But Jan never blamed Loras for what happened. She loved my brother so much. Together with their four children, they planned her funeral - the hymns, the prayers, everything, it was so moving. He was the only one who made the decision not to go for all the drugs. He decided to undergo more natural therapies such as chiropractic, massage and vitamins, although now he is on small doses of the drug AZT and is also taking an experimental drug."

Loras also maintains a wonderful, positive mental attitude. He says he is going to beat it. He lives in Houston, Texas, and campaigns for haemophiliacs who are HIV positive. He has started a support group for haemophiliacs with AIDS." Loras is now involved in a class action suit against the Factor 8 company in the United States.

Jan is thankful for the support of her husband and three children.

She plays tribute to the priests and the community of St Kilian's Catholic Church in Bendigo for helping her and her family cope with such a crisis.

"It has taken a long time to come to terms with this but with the help of so many people we have been able to work through our sorrow," she says.

Excerpts from an article by Bill Ayres, New Idea 19/6/93

POSITIVE THINKING (1)

HIV/AIDS True stories

Story 4

Photograph by **Palani Mohan**

Jess was alarmed as soon as she realised that her husband, who had spent much of the past few months in bed with a mysterious illness, had gone out. Police dismissed her fears when he still hadn't come home late that night. But when she woke suddenly in the early hours of the morning, choking on sobs, she knew instinctively that he was dead.

Joggers found Luke's body at about 8.00 am. But despite many anxious phone calls to police, Jess's fears were not confirmed by police until about 3.00 pm. The two officers, obviously uncomfortable, brought Luke's suicide note. Jess collapsed in her bedroom when she opened it.

But in death, as in life, Luke had not told the full story to his wife of 13 years. Two days later, Jess had just packed the three children off to school when the phone rang. Luke had AIDS, the doctor said, and you must come in for a test.

When she arrived at the surgery, 18 days after Luke had driven off a cliff, Jess was ushered straight in to see the doctor. The door had not even closed behind her when the doctor blurted out: "You are HIV positive. I don't know what I am going to say to you for the next 20 minutes."

Jess was so dazed she heard no more. "I couldn't believe I would get this last blow. Coming so soon after his death it was enough to make you die of shock."

The doctor was also stunned; a few months earlier she had dismissed pathology's recommendation that she test Luke for HIV. A silly idea; he was happily married and had three young children.

Jess's ability to share her story reflects the incredible way that tragedy has transformed her life. She is no longer a dependent housewife relying on her husband to control the finances

and make the decisions. Four months after Luke died, she found her first full-time job. With the help of regular, supportive counselling, she has developed a new understanding and respect for herself.

"Through all this I became a completely different person, strong and independent," Jess says. "I always had that inner strength. It just took that great shock to bring it out. I just feel I have a goal now, to reach out to other people...if they could find a cure, life would be fine."

Jess's specialist says it is not unusual for people to keep HIV private. "My advice generally is to tell as few people as possible," he says. "I look after people who have decided to tell no-one other than me. The stories of discrimination and hurt and so on are still happening out there."

Jess has had her share of uncomfortable moments: the dentist who charged her double when told of her situation; the doctors' receptionist, who assumed she was a lesbian, saying, "Only gay people get HIV"; the hospital staff who loudly announced before her visitors, "Here is your AZT"; and the unknowing colleagues at work who make prejudiced, insensitive comments about AIDS.

But she is taking the risk of doing this story in the hope that sharing her experiences may help others, especially to make other women with HIV feel less alone. Her doctor, who treats several women who contracted HIV from a steady partner they had never dreamt was bisexual, says: "This can happen to anyone." Most women with HIV have contracted it from sex with men. At the end of March this year, 350 women had been reported with HIV from heterosexual contact in Australia; 53 have died.

Excerpts from an article by **Melissa Sweet**, *Sydney Morning Herald* 4/11/95, *Spectrum* 4A

HIV/AIDS True stories

Story 5



POSITIVE THINKING (2)

For Frank and Gary the Blue Mountains is a welcome haven of fresh air and stress-free living compared with the inner city they left behind two years ago.

Both long-term survivors of HIV, the couple now take regular strolls along bushland tracks with picturesque views near their home on the outskirts of Katoomba. In Surry Hills they walked the streets in fear.

"Up here there's not the pressure or the traffic noise, and you don't have to worry about violence," said Frank, 42, a former nursery manager.

"People are friendly. In Sydney no-one talks to you," said Gary, 32, a former usher who was badly bashed twice near their city home.

A diagnosis of HIV infection, like any life threatening disease, changes a person's life forever. However, HIV positive people often have the time not only to reassess their priorities, but also to act on them. And for many that means searching out a quieter and cheaper life in the country.

Frank who was diagnosed positive 12 years ago, says he spent years "living in dread". He drank heavily. "I suppose I retreated from life. It wasn't until I was five or six years into it that I thought, 'I'm not dead. I'd better start taking care of myself'."

An asthmatic who began to get recurrent bouts of pneumonia a couple of years ago, he was drawn to the mountains by the promise of cleaner air.

Gary, who was diagnosed eight years ago, also realised after several years that he was making himself sick trying to keep up with friends who were not positive. One of his dreams had been to see the Grand Canyon, but he found the reality wanting. Living from a suitcase was too stressful. "I was glad to get home."

In the mountains both men have experienced an improvement in their immune systems and a resurgence in energy levels. They have a close network of friends and are committee members of the Blue Mountains People Living With HIV/AIDS Centre, which organises a weekly lunch and dinner for between 10 and 30 HIV positive people.

Says Gary, "If you go down to Sydney everyone is talking about their illness. It can bring you down. Here we try and talk about brighter things over dinner, like bushwalks and peer support."

Not everyone who receives a positive HIV diagnosis is shocked and depressed, says Dr Andrew Pethebridge, a GP and secretary of the Australasian Society for HIV Medicine.

"Some are expecting it and to have it confirmed can be a relief...They begin to evaluate what they want from life. And often that will mean putting all their energy into something."

Career-oriented people may decide to progress as far as they can in the time available. Some put all their efforts into relationships, perhaps seeking out a reconciliation with estranged parents and family.

"On the other hand, a lot pull out of relationships. They become very withdrawn and stop seeing friends," says Dr Pethebridge. "Others put a lot of energy into their health. They leave work and go into drug trials or they leave Sydney for an alternative lifestyle in a more pleasant climate."

Most of the estimated 600 to 800 HIV positive people living on the North Coast of NSW moved to the area to avoid the stress of city living, says Di Furness, manager of the Northern Rivers branch of the AIDS Council of NSW.

Excerpts from an article by Deborah Smith. Sydney Morning Herald 23/10/95, p. 13

A FRIEND IN NEED

Story 6

HIV/AIDS True stories

Andrew Bredin visits Tony, 30, in the AIDS ward ... "It is rewarding and satisfying." Photo by Rick

Stevens

Tony Carden, 30 is in the AIDS ward of St Vincent's Hospital for the sixth time. James, 33, was in hospital earlier this year, and is now at home.

Besides the virus that threatens their lives, they have one thing in common - their reliance, both emotional and practical, on their carers.

Some 2,300 Australians have died from AIDS in the past decade and there are still some 15,000 people infected. Many of these people acquired HIV in the early '80s and are only now starting to get sick.

This is placing enormous pressure on the hospital system, and straining the networks that have arisen to help them.

The Community Support Network (CSN) originally founded by the gay community, is now funded by the Department of Health and has diversified to involve many people from the broader community.

There are some 400 carers on their books. Last year they saw a 50 per cent increase in demand for their services, and are always looking for new people to help.

Andrew Bredin, 32, who works as a quality consultant for the NRMA, says he realised after

he got sick with a hernia operation how reliant he was on friends, and with the experience of a flatmate dying he decided to become a carer. "It is hard to describe but it is rewarding and satisfying."

Andrew visits Tony every day when he is in hospital. Tony said, "I wouldn't be able to have the high quality of life and the enjoyment of life if it wasn't for the CSN."

James, who is in a lot of pain from his condition says, "It has helped brilliantly. My carer comes over and helps me around the house. He has become one of my strongest supporters and closest friends."

The CSN chairman said it saved the State Government \$700,000 in hospital care last year.

"There are really never enough carers," he said. "There is always more work we could be doing. We are finding we are getting more carers from the general community. Lots of things motivate people. Some have friends who have died, and want to help others. There is no personal health risk to carers."

CSN runs courses every six weeks and can be contacted through the AIDS Council of NSW.

Article by John Stapleton, Sydney Morning Herald 1/12/92

Notes for teachers

HIV/AIDS: What are the letters short for? What do the words mean?

Some objectives of using these worksheets are:

- to understand the meaning of HIV and AIDS

Activity 1

- to identify the relationship between initials and whole words
- to understand abbreviations and acronyms

Discussion points

- to use a range of strategies to work out the meaning of unfamiliar words by identifying:
 - semantic clues
 - syntactic clues
 - word families

Activity 2

- to predict meaning using knowledge of the world
- to use reference skills (dictionary)
- to define new vocabulary
- to use new vocabulary in context

Extension activities

Work on commonly used abbreviations and acronyms eg STD, TAFE, AMES, NSW. Elicit examples from the group and match initials with whole words.

Discuss why acronyms are used, where they are widely used and the advantages and disadvantages of using acronyms.

HIV/AIDS What are the letters short for? What do the words mean?

HIV is the name of a virus which causes a disease called **AIDS**.

HIV and **AIDS** are made up from the first letters of different words.

Let's have a look at what these letters are short for and what they mean.

Activity 1

Draw lines to match **HIV** and **AIDS** with the words they are short for.

Letter	Word it's short for
H	Immunodeficiency
I	Virus
V	Human

Letter	Word it's short for
A	Deficiency
I	Syndrome
D	Immune
S	Acquired

Now write them out in full.

HIV is short for

AIDS is short for

Check your answers on the next page.

HIV is short for **H**uman **I**mmunodeficiency **V**irus.

AIDS is short for **A**cquired **I**mmune **D**eficiency **S**yndrome.

Discussion points

Think about the meanings of these seven words. Where else have you heard them?
Can you give any examples?

I've heard of the flu
virus ...

My doctor says I've got
an iron **deficiency**.

Think about other words which could be from the same word family.

immune... immunity...
immunisation...

Activity 2

Choose two of the seven words you're not sure about and have a guess what they could mean.

Word	Your guess what it means
1	
2	

H Human

means about men, women and children

I Immunodeficiency

means our body doesn't have enough defences to fight off infection

V Virus

means something which can cause infection

A Acquired

means we get it from someone

I Immune

means protected from a disease

D Deficiency

means our body doesn't have enough of the things it needs
to protect us

S Syndrome

means a number of illnesses happening at once

Check your guesses by talking to other people or looking the words up in the dictionary.
Write a definition.

A **definition** tells you exactly
what a word means.

Word	Definition
1	
2	

Now use each of your words in a sentence.

1
2

Check the meanings of the words that HIV and AIDS are short for, by referring to the information on the next page.

Notes for teachers

HIV/AIDS: How do you get it? Fact or myth?

Some objectives of using these worksheets are:

- to differentiate between facts and myths about how HIV can be spread

Activity 1

- to predict meaning using knowledge and experience of the world
- to skim for the gist

Activity 2 and 3

- to read in detail
- to scan for specific information and extract it
- to use new vocabulary in context
- to reflect on ideas in the text and discuss them
- to understand organisation of ideas in the text
- to understand sociocultural concepts behind the text

Activity 4

- to extract specific information
- to identify the main idea
- to represent information in chart form
- to check information by referring to the fact sheet provided

Extension activities/Further reading

Scan the story **Positive thinking (1)** for further examples of discrimination and myths. Read articles on page 39 for further examples of discrimination.

Have a class discussion about what you can do about discrimination and the role of the Anti-Discrimination Board (mentioned in the AIDS Hysteria article).

Fact sheets are available from the NSW Anti-Discrimination Board.

For more information or to make a complaint, phone: Sydney (02) 9318 5400

Wollongong (042) 26 8190

Newcastle (049) 26 1376

HIV/AIDS How do you get it? Fact or myth?

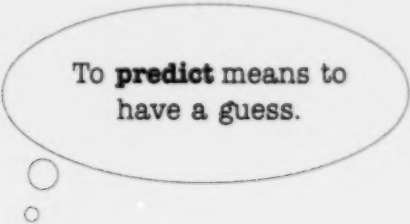
People know a lot more facts about HIV/AIDS than they did in the early days of the disease.

Activity 1

Look at the headline from this newspaper article published in 1985:

HUNDREDS SUFFERING FROM AIDS HYSTERIA

See if you can predict what the newspaper article is about.



To **predict** means to
have a guess.

Note down a few of your ideas.

Skim the article below to check your predictions.

Skimming means glancing quickly through something to get a rough idea of what it's about.

by **Margaret Harris**
Medical Reporter

The recent barring from an Adelaide court of a defendant with AIDS during the hearing of her own case is only one of hundreds of cases of AIDS hysteria, according to Professor David Penington, chairman of the AIDS Task Force.

Professor Penington said many people believed they could contract AIDS in quite bizarre ways. One woman feared she had caught it when she inadvertently drank red wine from a glass belonging to a man she suspected was homosexual. She was afraid that the red wine would disguise any blood that might have found its way from the man's mouth into the wine.

Other cases the AIDS Task Force had come across include:

- The Postal Workers' Union expressed concern that letters with licked seals and stamps might pose a risk to its members.
- The Transport Workers' Union initially did not want to transport blood samples, even in sealed containers. In Queensland early this year they said they did not want to transport any blood at all. "Because of a lack of understanding, the whole system

was jeopardised," said Professor Penington.

- The Kincoppal Convent School, Rose Bay, transferred its swimming carnival from a swimming pool because a homosexual swimming carnival had been held there the month before. At the time the Health Department publicly stated it was extremely unlikely anyone could catch AIDS from a swimming pool.

- The *Herald* was contacted by a man in the Darlinghurst area who was convinced the homosexual couple next door would pass the disease to him via the abundant local mosquitoes.

- In the Adelaide case, a magistrate would not let the defendant, an AIDS victim, enter the courtroom because he did not want to put the people in the court at risk. Professor Penington said there was clearly no risk of catching AIDS in such a situation.

Not all reactions to the threat of AIDS are easy to deal with. Ms Irene Moss, Senior Conciliation Officer with the Anti-Discrimination Board, said ambulance, medical and dental services are being denied to

people thought to be homosexual. "People perceived to be gay seeking medical help or dental help are being turned away," she said.

Ms Moss said there is at least one clear case of someone being denied ambulance service because he was thought to be homosexual and a health risk.

Ms Moss said one of the worst effects of the AIDS hysteria was that people who were homosexual or thought to be homosexual were denied jobs or were harassed in the workplace by their fellow workers.

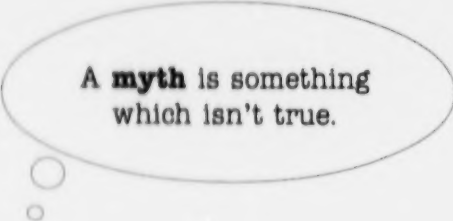
Ms Moss said employers should take notice of harassment and do something about it, because they could be found liable for not intervening to prevent harassment of an employee.

Professor Penington said all this should be underlined by the assurance that there is no risk of AIDS from normal social contact. "There's absolutely no reason to suppose AIDS is spread through touching or talking to someone. There is no risk of AIDS through any form of normal social contact," he said.

Sydney Morning Herald, 11/7/85, p. 4

Activity 2

Now read the first part of the article in detail. As you read, underline or highlight all the myths about catching HIV/AIDS.



A **myth** is something
which isn't true.

The first myth has already been underlined.

The recent barring from an Adelaide court of a defendant with AIDS during the hearing of her own case is only one of hundreds of cases of AIDS hysteria, according to Professor David Penington, chairman of the AIDS Task Force.

Professor Penington said many people believed they could contract AIDS in quite bizarre ways. One woman feared she had caught it when she inadvertently drank red wine from a glass belonging to a man she suspected was homosexual. She was afraid that the red wine would disguise any blood that might have found its way from the man's mouth into the wine.

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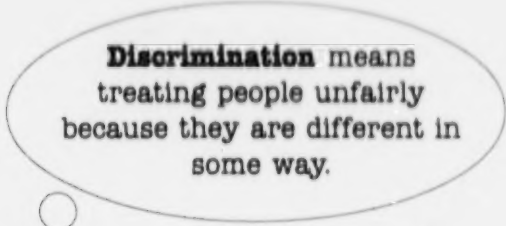
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- In the Adelaide case, a magistrate would not let the defendant, an AIDS victim, enter the courtroom because he did not want to put the people in the court at risk. Professor Penington said there was clearly no risk of catching AIDS in such a situation.

Write down and discuss any other myths you have heard about how HIV/AIDS can be spread.

Activity 3

Read the second part of the article in detail. As you read, underline or highlight examples of discrimination caused by myths about HIV/AIDS.



Discrimination means treating people unfairly because they are different in some way.

people thought to be homosexual. "People perceived to be gay seeking medical help or dental help are being turned away," she said.

Ms Moss said there is at least one clear case of someone being denied ambulance service because he was thought to be homosexual and a health risk.

Ms Moss said one of the worst effects of the AIDS hysteria was that people who were homosexual or thought to be homosexual were denied jobs or were harassed in the workplace by their fellow workers.

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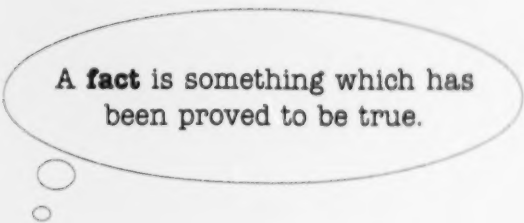
Write down and discuss any other examples of discrimination you have heard of or seen.

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Activity 4

In the last paragraph of the article, Professor Penington tells us a fact about HIV/AIDS. Write down the fact.

Professor Penington said all this should be underlined by the assurance that there is no risk of AIDS from normal social contact. "There's absolutely no reason to suppose AIDS is spread through touching or talking to someone. There is no risk of AIDS through any form of normal social contact," he said.



A **fact** is something which has been proved to be true.

Write down any other facts you know about how HIV can or cannot be spread.

HIV can be spread by:	HIV cannot be spread by:

Check your facts with the fact sheet on the next page.

Facts about how HIV can and cannot be spread

HIV can be spread by:

- sharing needles (through infected blood)
- unprotected sex (no condom) with an HIV positive person (through semen, blood and vaginal fluids)
- HIV positive mothers to their babies during pregnancy, birth or breastfeeding

HIV cannot be spread by:

- shaking hands, hugging or kissing
- coughing, sneezing or sweating
- sharing eating utensils or food
- sharing towels or clothes
- using public toilets, baths, showers or swimming pools
- blood transfusions in Australia (safe since 1985)
- mosquitoes

If there are any facts you're not sure about, phone the AIDS Hotline:

- Sydney (02) 9332 4000
- NSW country (1800) 011 144
- Outside NSW (1800) 011 180
- TTY (02) 9332 4268

Doctors must treat HIV patients: AMA

Doctors who have been allowed, because of fear of infection or moral scruples, to avoid treating HIV/AIDS patients, will no longer be able to after a change of Australian Medical Association policy announced yesterday.

The AMA's federal council decided last week that doctors should be compelled to treat any patient for whom they were qualified. The previous policy had

been to allow doctors not to treat AIDS patients, as long as they organised alternative treatment.

The AMA vice-president, Dr Keith Woollard, said yesterday that community attitudes and attitudes in the profession had changed. "Doctors are responsible for treating sick people, and they mustn't discriminate against a particular group," Dr Woollard said.

Excerpt from an article by Michael Bachelard, Canberra Times 2/12/95, p. 5

Discrimination ruling outrages AIDS groups

AIDS organisations have demanded that the Federal Government amend anti-discrimination laws after an "alarming" court ruling in Sydney yesterday.

Justice Beazley ruled in the Federal Court that a discrimination case lodged by a woman who was diagnosed with HIV in 1990 could not proceed on her behalf because the "complaint" died when she died in March this year.

"What will stop superannuation companies from sitting on their hands and waiting for HIV-positive people to die?" said the president of the Australian

Federation of AIDS Organisations, Mr Bill O'Loughlin.

In a statement, Mr O'Loughlin said: "The implications of this decision for HIV-positive people are alarming ... the unfairness that will result from this decision can't be underestimated. It is common for HIV discrimination complaints to arise at a time when the complainant is ill. For example, getting access to superannuation entitlements. Now if the complainant dies, that's the end of it."

The Federal Government has to amend all Federal anti-discrimination legislation to remedy this appalling situation."

Excerpt from an article by Nick Papadopoulos, Sydney Morning Herald 16/12/95, p. 3

Notes for teachers

HIV/AIDS Australian statistics

Some objectives of using these worksheets are:

- to understand the extent of the HIV/AIDS epidemic in Australia

Activity 1

- to work out how information is organised in a table
- to locate specific information in a table
- to discuss mathematical processes
- to add numbers
- to subtract numbers

Discussion points

- to trigger critical discussion about how statistics are compiled
- to understand information not explicitly stated

Activity 2

- to discuss mathematical processes
- to round off large numbers

Activity 3

- to use research skills

Extension activities/Further reading

These activities lead on to the information and activities in **World statistics**.

HIV/AIDS Australian statistics

	Total number at December 1991	Total number at January 1994
Males diagnosed with HIV	12 600	14 684
Females diagnosed with HIV	600	790
Unspecified diagnosed with HIV	2 200	2 094
People diagnosed with AIDS	3 000	4 530
People who have died of AIDS	1 900	3 037

Source: Australian HIV Surveillance Report, Vol 10 No 1, 1994

Activity 1

- How do you work out the total number of people in Australia who had been diagnosed with HIV up to December 1991? Discuss it, then work it out.
- What was the total number of people diagnosed with HIV up to January 1994?
- How do you work out how many people were diagnosed with HIV **between** December 1991 and January 1994? Discuss it, then work it out.
- How many people were diagnosed with AIDS between December 1991 and January 1994?
- How many people died of AIDS between December 1991 and January 1994?

Discussion points

Where do you think the people who compiled these statistics got the information from?

Do you think these statistics tell us the total number of people with HIV/AIDS in Australia? Why? Why not?

Activity 2

- a) Have another look at the December 1991 statistics. Look at the tens and units of each number. Did you notice that all the numbers are rounded off? Do you think they are rounded off to the nearest ten, hundred or thousand? How can you tell?

- b) Discuss how you round off numbers, then round off the January 1994 statistics to the nearest hundred.

January 1994

	Exact numbers	Rounded off numbers
Males diagnosed with HIV	14 684	
Females diagnosed with HIV	790	
Unspecified diagnosed with HIV	2 094	
People diagnosed with AIDS	4 530	
People who have died of AIDS	3 037	

Activity 3

Get the latest HIV/AIDS statistics from The National Centre in HIV Epidemiology and Clinical Research and compare them with the 1991/1994 statistics.

Recent statistics are included in the Australian HIV Surveillance Report.

You can get a free copy by contacting:

The National Centre in HIV Epidemiology and Clinical Research
376 Victoria Street
Darlinghurst
NSW 2010

Phone: (02) 9332 4648

Fax: (02) 9332 1837

Notes for teachers

HIV/AIDS Australian statistics

Some objectives of using these worksheets are:

- to understand the extent of the HIV/AIDS epidemic and the rate of infection

Activity 1

- to use knowledge and experience of the world to estimate large numbers

Discussion point

- to compare the relative size of large numbers

Activity 2

- to read and write large numbers (figures and words)
- to transform large numbers from figures to words

Activity 3

- to use research skills
- to understand large numbers by making comparisons with familiar amounts

Activity 4

- to discuss mathematical processes
- to multiply large numbers

Discussion point

- to trigger critical discussion about lowering the rate of HIV infection

Extension activities/Further reading

Read the newspaper article *HIV carriers to hit 40m by century's end* (page 53).

Locate continents on the map. Look at the number of people represented by the percentages given in the pie graph.

Discuss and interpret *The HIV World* diagram (page 54).

HIV/AIDS World statistics

How many people in the world do you think have HIV or AIDS?

Have a rough guess by filling in numbers in the blank spaces below.

Using what you know about something to make a rough guess is called **estimating**.

Activity 1

Estimating HIV/AIDS world statistics

More than _____ people in the world have been infected with HIV.

More than _____ people in the world have developed AIDS.

Every day more than _____ adults and _____ babies are newly infected with HIV.

Now turn over the page and compare your estimates with the World Health Organisation (WHO) estimates made in mid -1995.

World Health Organisation HIV/AIDS world statistics

More than 20 000 000 people in the world have been infected with HIV.

More than 4 500 000 people in the world have developed AIDS.

Every day more than 6 000 adults and 500 babies are newly infected with HIV.

Source: World AIDS Day Newsletter 1995, No.2

Discussion Points

Were you surprised by the WHO estimates? Were your own estimates higher or lower?

Activity 2

- a) Using large numbers like the ones above can be confusing. Practise reading the numbers aloud, then writing them as words.

For example: 20 000 000 is twenty million

4 500 000 is _____

6 000 is _____

500 is _____

- b) Find some large numbers in a book or newspaper and practise reading them aloud, then writing them as words.

Activity 3

- a) Do you find it hard to visualise how many people 20 million really is?



Comparing large numbers with other large numbers you know can help you to make sense of them.

- b) Find out the population of your town or city. Write it down in figures and words.

- c) Find out the population of Australia. Write it down in figures and words.



- d) Find out the world population. Write it down in figures and words.

Activity 4

- a) If 6 500 people are newly infected with HIV every day, how would you work out how many people are infected every week? Talk about it, then work it out.

- b) Now work out how many people are newly infected with HIV:
every month

every year

every decade

- c) What can we do to lower the rate of infection? Discuss your ideas with the group.

HIV carriers to hit 40m by century's end

SCIENCE '96

AAAS CONFERENCE

By LEIGH DAYTON
in Baltimore

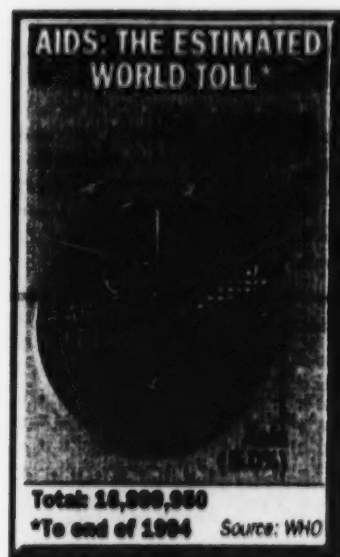
The worldwide HIV epidemic is spreading faster than expected. Nearly 10,000 new HIV infections occur each day, and 90 percent are in developing nations, according to new statistics reported this week at Baltimore in Maryland.

This means that by 2000, another 26 million people will be infected with the HIV virus in 192 countries, said Dr Thomas Quinn of the United States National Institutes of Health (NIH) and Johns Hopkins University in Baltimore.

Added to people now living with the virus, this will represent a cumulative total of more than 40 million infected adults, Dr Quinn said at the American Association for the Advancement of Science annual meeting.

Dr Quinn and his colleagues at Johns Hopkins University and the Harvard Institute in Boston project that by 2000 the cumulative total of adults who will have died from AIDS will reach 8 million, leaving more than 5 million children under 10 orphaned. To date, the World Health Organisation (WHO) estimates that 2.5 million adults, children and infants have died from the disease.

WHO data shows that the total number of infected people in Sub-Saharan Africa is 12 million. In some



East and Central African nations, up to 20 percent of the population is infected with HIV.

But the greatest increase in the number of HIV-positive people is in Asia. Dr Quinn reported that more than 3.5 million people there have the virus, and by 2000 the majority of the world's new infections will occur in Asia.

The problem is particularly severe among intravenous drug users, said Dr Quinn, noting that their infection rates have increased from 1.2 to 45 percent in Thailand, Burma and India. In Manipur, India, 80 percent of drug users are thought to be infected, he told the conference.

"China is the big unknown," said Dr Quinn, noting that experts believe that in Yunnan province alone, between 43 and 82 percent of drug users have HIV. "Malaysia and Vietnam show similar trends," he claimed.

"It sounds very depressing but there are successes," Dr Quinn said. For instance, transmission of HIV in Oceania, Europe and parts of the Americas has stabilised.

And there has been a "downward trend" in the number of HIV infections since 1987 in Australia and New Zealand, he said, largely as a consequence of needle exchange programs and strong safe sex messages.

In 1987, 2,773 new cases of HIV were reported to the Australian National Centre for HIV Epidemiology and Clinical Research. In 1994, 984 new cases were reported to the centre.

As well, some developing nations have bucked the upward trend by establishing anti-AIDS programs.

According to Colonel Donald Burke of the Walter Reed Army Research Institute's HIV epidemiology unit, the incidence of HIV infections in the Thai military has dropped by half over three years as a consequence of a government crackdown on illegal brothels and increased use of condoms.

Sydney Morning Herald 13/2/96 p. 5

Further reading



Diagram accompanying an article by *Lawrence K. Altman*, *New York Times* in *Sydney Morning Herald* 9/7/96 p. 9

Notes for teachers

HIV/AIDS: Different opinions

Some objectives of using these worksheets are:

- to reflect on different opinions on HIV/AIDS related issues

Activity 1

- to formulate questions
- to identify issues

Activity 2

- to recognise different opinions
- to write an opinion and the reason for that opinion

Discussion points

- to trigger critical discussion about different opinions on HIV/AIDS issues
- to reflect on why people have different opinions and what makes them change

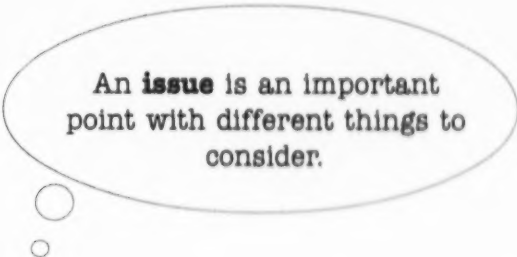
Extension activities/Further reading

Discuss and give opinions about issues raised in **Miracle for AIDS couple** (eg having children).

HIV/AIDS Different opinions

Activity 1

There are many questions to think about with HIV/AIDS issues.



An **issue** is an important point with different things to consider.

For example:

Issue: Testing	Question: Should everyone be tested for HIV?
Issue: Privacy	Question: Should it be compulsory for people with HIV/AIDS to tell others they are in contact with?
Issue: Isolation	Question: Should people with HIV/AIDS be isolated?
Issue: Money	Question: Should more money be spent on HIV/AIDS research?

Think of a question to do with these HIV/AIDS issues:

Issue: Education	Question: _____

Issue: Health care	Question: _____

If you can think of any other issues and questions, write them below.

Activity 2

a) People have different opinions about HIV/AIDS issues.

For example:

Issue: Testing

Question: Should everyone be tested for HIV?

Opinion 1: Yes. If everyone was tested it would be much easier to stop HIV from spreading and fewer people would die.

Opinion 2: No. Firstly, people should be able to decide for themselves whether they want to be tested or not. Secondly, it would be too expensive.

Choose an issue and question from Activity 1 and write down two different opinions about it. They can be yours, or other people's opinions that you've heard. You don't have to agree with them.

Issue:

Question:

Opinion 1:

Opinion 2:

b) Choose another issue and question from Activity 1 and give two different opinions about it.

Issue:

Question:

Opinion 1:

Opinion 2:

Discussion Points

Discuss the different opinions your group has come up with.

What makes people have different opinions?

What makes people's opinions change?

Notes for teachers

HIV/AIDS Community awareness

Some objectives of using these worksheets are:

- to understand the need for community awareness-raising campaigns about HIV/AIDS and the issues involved

Activity 1

- to follow instructions
- to predict meaning using knowledge and experience of the world
- to understand information not explicitly stated
- to understand the purpose of a text
- to understand how pictures contribute to the meaning of a text
- to give a clear description
- to ask relevant questions

Activity 2

- to understand different meanings of the same word
- to use different meanings of the same word in context
- to scan for specific words
- to understand sociocultural concepts behind the text

Activity 3

- to understand how the organisation of a text contributes to its effectiveness
- to critically evaluate a text

Activity 4

- to discuss the social purpose of a text
- to identify the target audience
- to trigger critical discussion about issues involved in awareness-raising campaigns

Extension activities/Further reading

Discuss the importance of the various community activities which come up in the stories: **Miracle for AIDS couple**, **The female face of AIDS in Australia** and **A friend in need**.

HIV/AIDS Community awareness

One of the ways HIV/AIDS support groups are trying to raise community awareness is through publicity campaigns. Let's have a look at one.

Activity 1

To do this activity you will need to work in pairs. One of you is student A and the other student B. Follow the steps.

Step 1

Student A

Look at the community notice on the next page for a few minutes *without showing it to student B*. Try and get a general idea of what it's about so that you can describe it to student B.

When you're ready, describe it to student B *without looking at the notice again*.

Student B

Have a rest for a couple of minutes while student A studies the community notice. *Don't look at it just yet*.

When student A describes the notice to you, you can help by asking lots of questions about what it looks like and what it tells you.

Step 2

Student A

When you have described the notice in as much detail as you can, and answered all of student B's questions, have a break for a few minutes while student B studies the notice. *Don't look at it again just yet*.

Student B

Look at the notice for a few minutes to see if student A's description left anything out. When you're ready, describe any differences to student A *without looking at the notice*.

Step 3

Student A and B

Look at the notice together to see if your descriptions were accurate.

**Are you negative
towards positives?**

**Are you positive
towards negatives?**

AIDS affects us all. Guys who are HIV negative have lost close friends and are struggling to always practice safe sex. It's hard to deal with this epidemic alone: let's support each other.

AIDS Council of NSW

Published in Sydney Morning Herald Metro Feb 2-8, 1996 p.2

Activity 2

Blood tests can tell you if you are

HIV positive (+) which means that you have the HIV virus

or

HIV negative (-) which means that you don't have the HIV virus.

- a) How many different ways can you use the word 'positive'?
Write sentences to show the different meanings you can think of.

- b) How many different ways can you use the word 'negative'?
Write sentences to show the different meanings you can think of.

- c) Have another look at the community notice to see which different meanings of positive and negative have been used.

Activity 3

a) Tick any boxes which describe what you think about the community notice.

Thought provoking ☐

Not interesting ☐

Well designed ☐

Messy ☐

Clear ☐

Confusing ☐

Attention grabbing ☐

Boring ☐

Reassuring ☐

Upsetting ☐

Other? _____

b) Talk about your reaction with others in the group.

c) Make a list of the things you think an effective community notice should include.

Effective means it works well and gets results.

BEST COPY AVAILABLE

Activity 4

The community notice you have been looking at was on the inside cover of the *Sydney Morning Herald Metro* (a weekly guide to what's on in Sydney).

- a) Do you think the *Metro* is a good place to put this notice? Why?
- b) Who do you think this community notice is aimed at? How do you know?
- c) Have you seen any other publicity campaigns in the media which have been designed to raise people's awareness about HIV/AIDS? Were they effective? Why? Why not?
- d) What other things could we do to raise public awareness about HIV/AIDS?

Notes for teachers

HIV/AIDS Newspaper coverage

Some objectives of using these worksheets are:

- to understand the role newspapers play in keeping people informed about HIV/AIDS issues

Discussion points

- to understand what is included in different categories of information

Activity 1

- to use key words in newspaper headlines to predict meaning
- to understand main ideas
- to identify different information categories
- to record information on a chart

Activity 2

- to scan newspapers for HIV/AIDS articles
- to classify information into relevant categories

Discussion points

- to understand how newspapers/magazines organise information
- to discuss the social purpose of text by looking at issues such as:
 - what kinds of newspapers/magazines favour different information categories
 - the significance of where information is located in different publications
 - who reads different newspapers and magazines
 - how the reader is positioned
 - who is in control

Extension activities/Further reading

Ask students to bring in articles on HIV/AIDS whenever they come across them. Provide a ringbinder with dividers for the different information categories your students have come up with. As students bring articles in, discuss which information category they belong to and file them accordingly.

HIV/AIDS Newspaper coverage

Every week in newspapers and magazines there are articles to keep people informed about new developments in HIV/AIDS.

These articles all tell us different kinds of information. They may give us information about:

GOVERNMENT POLICY

For example:

Heroin policy **Cabinet war over HIV troops**
'HIV disaster'

NEW DEVELOPMENTS

For example:

Virulent new HIV strain in Australia
Australian finds
clue to fight
against AIDS

ECONOMICS

For example:

NSW plugs \$2m funding gap

PEOPLE'S RIGHTS

For example:

Discrimination ruling outrages AIDS groups
Four migrants
rejected after
AIDS testing

STATISTICS

For example:

WORLD BRIEF
1 in 40 has AIDS

HEALTH

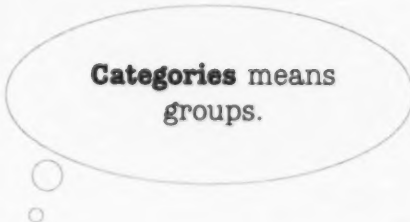
For example:

HIV battler is an old man at 30

HUMAN INTEREST

For example:

**Lee, the AIDS victim who
has finally found a friend**



Categories means
groups.

Discussion points:

What kinds of information do you think could be included in each of these categories?

Which of the headlines in the examples fit into more than one information category?

Can you think of any other information categories?

Adapted from an activity by J. Post and C. McPherson in *Learning About AIDS*, Contemporary Health Series, ETR Associates, 1988

Activity 1

Look at the newspaper headlines below. Which categories do you think they belong to? Some headlines may fit into more than one category. If there are any which don't fit, create new categories. Use the chart on the next page to record your ideas using the numbers for each headline.

1 Surgeons putting HIV Patients last

4 New hope from man who can't catch AIDS

6 Search for dignity in life and death

10 10m AIDS orphans

12 **PAYOUTS OVER AIDS**

16 18 AIDS cases in armed forces

19 Dying prisoner can sue State over AIDS

2 AIDS suicide sentence sparks euthanasia plea

3 **World focus on AIDS education**

5 Keep forces HIV free

7 Monkey infected by AIDS

8 Home AIDS test

9 18% of doctors admit helping AIDS suicides

11 Heterosexuals face HIV epidemic

13 **MIRACLE** for AIDS couple

14 AIDS cure a step closer

15 Anti-AIDS drug given to 39 hospital staff

17 Doctors attack AIDS guidelines

18 Company ends four year silence over HIV drug

16 **Secret HIV tests used in hospitals**

17 Doctors attack AIDS guidelines

INFORMATION CATEGORIES	NEWSPAPER HEADLINES
GOVERNMENT POLICY	
NEW DEVELOPMENTS	
ECONOMICS	
PEOPLE'S RIGHTS	
STATISTICS	
HEALTH	
HUMAN INTEREST	

Activity 2

Bring along any newspapers or magazines you can find with articles about HIV/AIDS. As a group decide which information category each article fits into. Try to find one article which fits into each of the categories.

Discussion points:

Do some newspapers and magazines favour one kind of information category more than others?

Who are the readers of the different newspapers and magazines?

Where (on which pages) in the newspapers do you find the different kinds of information categories?

Does it make any difference to how the reader sees the information? Why?

Does there seem to be any pattern?

Who decides which kind of information categories to include and where to include them?

Notes for teachers:

HIV/AIDS Terms to avoid using

Some objectives of using these worksheets are:

- to gain an awareness of the power of language to position people in society

Activity 1

- to draw on students' knowledge of the world
- to understand the sociocultural concepts behind different terms
- to reflect on and discuss the implications of different terms
- to come up with alternative terms which are accurate and inoffensive

Extension activities/Further reading

Scan newspaper articles for 'terms to avoid using'. Substitute these terms with alternatives the group came up with in Activity 1.

HIV/AIDS Terms to avoid using

The *HIV/AIDS Media Guide* for journalists reporting on HIV/AIDS includes 'terms to avoid using' because they are offensive or because they are inaccurate.

Offensive means it hurts people's feelings.

Inaccurate means not correct.



Activity 1

- a) On the next page you will find some of the 'terms to avoid using' which are listed in *The HIV/AIDS Media Guide*.

As a group, discuss:

- 1) why you think these terms are offensive or inaccurate
- 2) your ideas for alternative terms journalists could use

Alternative means other.

Note your ideas in the spaces provided.

Terms to avoid using:

AIDS victim or AIDS sufferer

Reason you think it is offensive or inaccurate:

Alternative terms:

AIDS virus

Reason you think it is offensive or inaccurate:

Alternative terms:

Full-blown AIDS

Reason you think it is offensive or inaccurate:

Alternative terms:

High risk group

Reason you think it is offensive or inaccurate:

Alternative terms:

Innocent victims

Reason you think it is offensive or inaccurate:

Alternative terms:

- b) When you have finished, discuss your reasons and alternative terms with the group. Then compare your ideas with what is written in *The HIV/AIDS Media Guide* on the next page.

TERMS TO AVOID

AIDS victim or AIDS sufferer

Many people with HIV and AIDS feel this implies they are powerless, and have no control whatsoever over their lives. For similar reasons, many people dislike being referred to as AIDS sufferers.

Alternative: HIV positive person, person with HIV, or person living with HIV or AIDS.

AIDS virus

There is no such thing as the 'AIDS virus'. There is only HIV (Human Immunodeficiency Virus), the virus that causes AIDS.

Alternatives: HIV, HIV infection or HIV disease.

Full-blown AIDS

This term implies that such a thing as "half-blown AIDS" exists. A person only has AIDS when they present with an AIDS-defining illness such as an opportunistic infection.

Alternatives: Person with AIDS, or person with HIV infection.

High Risk Group

implies that membership of a particular group, rather than behaviour, is the significant factor in HIV transmission. This term may lull people who don't identify with a high risk group into a false sense of security. It is high risk behaviours such as unsafe sex or unsafe needle use that can spread HIV – not high risk groups.

Alternatives: affected communities, high risk behaviour (unsafe sex, shared needles).

Innocent victims

Usually used to describe HIV positive children or people with medically acquired HIV infection. It wrongly implies that people infected in other ways are guilty.

Alternatives: people with medically acquired HIV or AIDS, children with HIV or HIV positive people.

HIV/AIDS After you have finished

Your group has now worked through some learning materials about HIV/AIDS. Before you started you answered several questions. Here are the same questions again. Answer them, then look back at the first sheet you filled in to see what you have learned and whether any of your ideas have changed.

Date: _____

1. The letters in AIDS are short for _____

Tick one box in each row

2. You can get the HIV virus from:

sharing cups

sharing needles

hugging and kissing

insect bites

unprotected sex

blood transfusions

YES NO NOT SURE

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

3. AIDS is caused by the HIV virus

If you had the HIV virus you would definitely know about it.

People who have the HIV virus always look sick.

You can protect yourself from the HIV virus.

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

4. Do you think it is important to know about HIV/AIDS? Why?

5. How did you feel about working on HIV/AIDS learning materials with your group?